

Prevention Principles for Children and Adolescents

(adapted from the National Institute on Drug Abuse)

- Prevention programs should be designed to enhance "protective factors" and move toward reversing or reducing known "risk factors."

"Protective factors" include strong and positive bonds within a pro-social family; parental monitoring; clear rules of conduct that are consistently enforced within the family; involvement of parents in the lives of their children; success in school performance; strong bonds with other pro-social institutions such as school and religious organizations; and adoption of conventional norms about drug use.

"Risk factors" include chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses; ineffective parenting, especially with children with difficult temperaments or conduct disorders; lack of mutual attachments and nurturing; inappropriately shy or aggressive behavior in the classroom; failure in school performance; poor social coping skills; affiliations with deviant peers displaying deviant behaviors; and perceptions of approval of drug-using behaviors in family, work, school, peer and community environments.

- Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana and inhalants.
- Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use, and increase social competency (e.g., in communications, peer relationships, self-efficacy and assertiveness), in conjunction with reinforcement of attitudes against drug use.
- Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.
- Prevention programs should include a parents' or caregivers' component that reinforces what the children are learning--such as facts about drugs and their harmful effects--and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.
- Prevention programs should be long-term, over the school career with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.
- Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.
- Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when they are accompanied by school and family interventions.
- Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school and the community.
- Schools offer opportunities to reach all populations and also serve as important settings for specific subpopulations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.
- Prevention programming should be adapted to address the specific nature of the drug abuse problem in the local community.
- The higher the level of risk of the target populations, the more intensive the prevention effort must be and the earlier it must begin.
- Prevention programs should be age-specific, developmentally appropriate, and culturally sensitive.
- Effective prevention programs are cost-effective. For every dollar spent on drug use prevention, communities can save four to five dollars in costs for drug abuse treatment and counseling.